CALIFORNIA 199972000 FORM FAIR POLITICAL PRACTICES COLLIA.

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STATEMENT OF ECONOMIC IN . _ RESTS

A Public Document

NAMENICADDRESS NAME STREET CITY 20P CODE COVER PAGE 1. Office, Agency, or Court Provide preuse name. Do not use acronyms. CITY COM NC MAN Division, Board, District, if applicable: Expanded Statement — List agency/position: (Arean a separate sheet if necessary. Do not use acronyms.) Position Title: Position Title: Contry of County of Multi-County Other 3. Type of Statement Check at least one box! Assuming Office/Initial Date: No reportable interests Total number of pages (including this cover page) Schedule F No reportable interests. Total number of pages (including this cover page) Statement, I have reviewed this statement and to the b my knowledge the information contained herein and is attached stated schedule according is true and contained herein and is attached schedule sits true and contained herein and is attached schedule sits true and contained herein and is attached schedule sits true and contained herein and is attached schedule sits true and contained herein and is attached schedule sits true and contained herein and is attached schedule sits true and contained herein and is attached schedule sits true and contained herein and is attached schedule sits true and contained herein and is attached schedule sits true and contained herein and is attached schedule sits true and contained herein and is attached schedule sits true and contained herein and is attached schedule sits true and contained herein and is attached schedules is true and contained herein and is attached schedules is true and contained herein and is attached schedules is true and contained herein and is attached schedules is true and contained herein and is attached schedules is true and contained herein and is attached schedules is true and contained herein and is attached schedules is true and contained herein and is attached schedules is true and contained herein and is attached schedules is true and contained herein and is attached schedules is true and contained herein and is attached schedules is true and				Please ty	rpe or print in ink	AECEIVED
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COVER PAGE 1. Office, Agency, or Court Provide precise name. Do not use acronyms. Division. Board, District, if applicable: Position:	MAILING ADE (May be busir	ness address)	· · · · · · · · · · · · · · · · · · ·			317 Y C FAY
1. Office, Agency, or Court Provide precise name. Do not use acronyms Court Court Court Check applicable:		1136	JUNEWO	397 G	· LODI	95242
Check applicable schedules 2" No reportable interests.7				COVER	RPAGE	
Division, Board, District, if applicable:					4. Schedule (Check applicable	Summary schedules or "No reportable interests.")
Position: Expanded Statement - List agency/position: (Atrach a separate sheet if necessary. Do not use acronyms.) Schedule A-2	Division					
Investments (Greek and 10% Ownership)	Position	1: •				_
Agency: Position Title: Schedule C Yes - schedule attached Income & Business Positions (Imports other than Lours, Grist, and Travel Schedule D Yes - schedule attached Income & Business Positions (Imports other than Lours, Grist, and Travel Schedule D Yes - schedule attached Income - Loens		anded Statement – Lis	st agency/position		* *	
Schedule C	(Astac	th a separate sheet if neces				Yes - schedule attached
State				• • •		-
County of County Content County Concert and Co	2. Offic	e Jurisdiction (Check one)			Yes - schedule attached
Schedule F	State	:				Yes - schedule attached
Other No reportable interests Total number of pages (including this cover page):						
Total number of pages (including this cover page): 3. Type of Statement (Check at least one box) Assuming Office/Initial Date:	☐ Multi	-County	· · · · · · · · · · · · · · · · · · ·			
3. Type of Statement (Check at least one box) Assuming Office/Initial Date:/	Othe	r		······································	→ ☐ No reporta	ble interests
Annual (Check me) (The period covered is January 1, 1999, through December 31, 1999. (Check one) (The period covered is January 1, 1999, through the date of leaving office. (The period covered is January 1, 1999, through the date of leaving office. (The period covered is January 1, 1999, through the date of leaving office. (The period covered is January 1, 1999, through the date of leaving office. (The period covered is January 1, 1999, through the date of leaving office. (The period covered is January 1, 1999, through the date of leaving office. (The period covered is January 1, 1999, through the date of leaving office. (The period covered is January 1, 1999, through the date of leaving office. (The period covered is January 1, 1999, through the date of leaving office. (The period covered is January 1, 1999, through the date of leaving office. (The period covered is January 1, 1999, through the date of leaving office.	3. Type	of Statement	(Check at least one b	ox)	Total number of p	pages (including this cover page):
statement. I have reviewed this statement and to the bind my knowledge the information contained herein and it attached schedules is true and complete. I certify under profession of perjury under the laws of the State of California the foregoing is true and correct. Check one Signature Signature	Assu	uming Office/Initial	Date:/_		5. Verification	on
Of the period covered is January 1, 1999, through December 31, 1999. Of the period covered is	نــب				statement, I ha	ive reviewed this statement and to the best of
December 31, 1999. Leaving Office Date Left:		ecember 31, 1999.			attached sched of perjury unde	lules is true and complete. I certify under penalty er the laws of the State of California that the
Leaving Office Date Left: (month, day, year)				_, through	3 3	3/22/09
the date of leaving office. (File the originally signed statement with your filing of the period covered is, through	(Che	ck one)			Executed on _	(month, day, year)
	ti	ne date of leaving off	ice.			file the originally signed statement with your filing officer.)
				through		

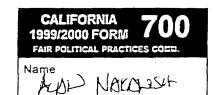
Investments, Income, and Assets of Business Entities/Trusts

CALIFORNIA
1999/2000 FORM 700
FAIR POLITICAL PRACTICES COMM.
Name
ALAN NAKALIST

(Ownership Interest is 10% or Greater)

► 1. BUSINESS ENTITY OR TRUST	▶4. (cant.)
DELTA EYE MEDICAL GROUPING	Check one bax:
SZI S. Ham Lane	☐ INVESTMENT ☐ REAL PROPERTY
Address Check one Trust, go to 2 Business Entity, complete the bax, then go to 2	Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
MOICAL PROPERCE	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: ☐ \$1,000 - \$10,000	Description of Business Activity or City or Other Precise Location of Real Property
☐ \$10,001 - \$100,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$1,000 - \$10,000
NATURE OF INVESTMENT Sole Proprietorship Partnership	S10,001 - \$100,000 - ACQUIRED DISPOSED
YOUR BUSINESS POSITION STOKEN DOC	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	LeaseholdYrs. remaining
50 - 5249	Other
➤ 3. LIST EACH REPORTABLE SOURCE OF INCOME/LOANS OF \$10,000 OR MORE tatach a separate sheet of necessary)	
	➤ 4. (cont.)
	Check one bax:
	☐ INVESTMENT ☐ REAL PROPERTY
	}
►4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST	Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property
Check one bax:	
INVESTMENT REAL PROPERTY	
	Description of Business Activity or City or Other Precise Location of Real Property
lame of Business Entity or treet Address or Assessor's Percel Number of Real Property	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
	S10,001 - \$100,000
rescription of Business Activity of City or Other Precise Location of Real Property	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	Leasehold
	Yrs. remaining
Over \$100,000 ACQUIRED DISPOSED	Other
VATURE OF INTEREST	
Property Ownership/Deed of Trust Stock Partnership	Communication
LeaseholdYrs.remarking	Comments:
Other	

Interests in Real Property



STREET ADDRESS OR PRECISE LOCATION	➤ STREET ADDRESS OR PRECISE LOCATION
521 SOUTH HOM	
СПУ	CITY
لهم ا	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
S1,000 - \$10,000 / 99 / 99	\$1,000 - \$10,000
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000
NATURE OF INTEREST	NATURE OF INTEREST
Rental Property Wownership/Deed of Trust Easement	Rental Property Ownership/Deed of Trust Easement
Leasehold Other	Leasehold
IF RENTAL PROPERTY, GROSS INCOME RECEIVED □ \$0 - \$249 □ \$250 - \$1,000 □ \$1,001 - \$10,000 □ € € \$10,000	IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$10 - \$249 \$250 - \$1,000 \$1,001 - \$10,000 \$0ver \$10,00
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, see the instructions for reporting sources of rental income.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, see the instructions for reporting sources of rental income.
NAME OF LENDER	NAME OF LENDER
ADDRESS	ADDRESS
BUSINESS ACTIVITY OF LENDER	BUSINESS ACTIVITY OF LENDER
Financial Institution	Financial Institution
Other	
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%	% None
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
S250 - \$1,000 S1,001 - \$10,000 Dver \$10,000	\$250 - \$1,000 \$1,001 - \$10,000 Over \$10,000
Guarantor, if applicable	Guarantor, if applicable
	Check below if another loan is disclosed on Schedule D.